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**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**
(use as many sheets as necessary)

Sheet 1 of 2 Attorney Docket Number 63049.000070

U.S. PATENT DOCUMENTS

*Examiner Initials	Cite No.	DOCUMENT NUMBER Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
RL	1	US- 5,386,308	01-31-1995	Michel et al.	349 / 11
	2	US-			
	3	US-			
	4	US-			
	5	US-			
	6	US-			
	7	US-			
	8	US-			
	9	US-			
	10	US-			
	11	US-			
	12	US-			
	13	US-			
	14	US-			

FOREIGN PATENT DOCUMENTS

*Examiner Initials	Cite No.	FOREIGN PATENT DOCUMENT		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	TRANSLATION	
		Country Code:	Number - Kind Code (if known)				YES	NO
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	2						<input type="checkbox"/>	<input type="checkbox"/>
	3						<input type="checkbox"/>	<input type="checkbox"/>
	4						<input type="checkbox"/>	<input type="checkbox"/>
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	6						<input type="checkbox"/>	<input type="checkbox"/>
	7						<input type="checkbox"/>	<input type="checkbox"/>

EXAMINER SIGNATURE

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Substitute for form 1449A/PTC

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet **2**

of **2**

Application Number **10/637,210**

Filing Date **August 8, 2003**

First Named Inventor **Ronald D. Blum**

Art Unit **2873**

Examiner Name **J. Schwartz**

Attorney Docket Number **63049.000100**

OTHER DOCUMENTS - NON-PATENT LITERATURE DOCUMENTS

*Examiner Initials	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	TRANSLATION	
			YES	NO
9Y	1	M. Anderson, "Adaptive Optics: Liquid Crystals Lower the Cost of Adaptive Optics", <u>Laser Focus World</u> , pp. 1-3, December 1999	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	2		<input type="checkbox"/>	<input type="checkbox"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>
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